

INSTRUCTIONS ON REVERSE SIDE OF FORM
SOUTH CAROLINA BUDGET AND CONTROL BOARD
EMPLOYEE INSURANCE PROGRAM
EMPLOYMENT VERIFICATION RECORD

1. Social Security Number _____ - _____	2. Last Name _____	3. First Name _____
4. Home Phone # _____ - _____	5. Date of Birth _____/_____/_____	
6. Actual Date of Retirement _____/_____/_____	7. Service Retirement <input type="checkbox"/>	8. Disability Retirement <input type="checkbox"/>
<small>☞ If your gain of insurance is due to retirement disability, you must attach a copy of your disability approval letter through Standard Insurance or the South Carolina Retirement Systems</small>		

CHECK ALL THAT APPLY: ☐ South Carolina Retirement Systems ☐ Police Officers Retirement System
☐ General Assembly Retirement System ☐ Judicial Retirement System
☐ Optional Retirement Plan (Benefits Administrator signature) _____

9. TERI PARTICIPANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	10. TERI ENDING DATE: ____/____/____				
11. EMPLOYER UNDER TERI (If applicable)	DATES OF EMPLOYMENT FROM: MO/YR TO: MO/YR	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Service Credit (Yrs/Mo/Days) ____/____/____	
12. CURRENT EMPLOYER IF NOT UNDER TERI	DATES OF EMPLOYMENT FROM: MO/YR TO: MO/YR	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Service Credit (Yrs/Mo/Days) ____/____/____	
13. Please indicate below all worked service credited with the South Carolina Retirement Systems and/or with Local Subdivisions Participating in the State Employee Insurance Program					
EMPLOYER	DATES OF EMPLOYMENT FROM: MO/YR TO: MO/YR	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Service Credit (Yrs/Mo/Days) ____/____/____	
		<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
14. Please indicate type(s) of service established in any of the South Carolina Retirement Systems (See types of service on reverse side of form <u>-EXAMPLE - PS, ES, MS, LA, PWS, NO, SMC -</u>)					
EMPLOYER (Verification of established service must be attached)	DATES OF EMPLOYMENT FROM: MO/YR TO: MO/YR	Type of Service		Service Credit (Yrs/Mo/Days)	
				____/____/____	
				____/____/____	
				____/____/____	
Total Years of Service Credit		Yrs	Mo	Days	

THIS FORM IS USED BY THE EMPLOYEE INSURANCE PROGRAM FOR VERIFICATION OF YOUR ELIGIBILITY FOR STATE RETIREE INSURANCE BENEFITS. FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL DELAY YOUR ENROLLMENT IN RETIREMENT INSURANCE.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND ALL REQUESTED INFORMATION IS ATTACHED.

ENROLLEE SIGNATURE _____ **DATE** _____

INSTRUCTIONS

- ❑ The Employment Record must be completed in its entirety. Please provide all information applicable to your eligibility for coverage under the state retiree insurance program.
- ❑ List all employers under which you received service credit through the South Carolina Retirement Systems. Please include service time established in the appropriate sections. If you purchased service or re-established service, please attach a copy of the South Carolina Retirement System notification letter acknowledging the service being established.
- ❑ Please sign and return the Employment Record, along with the completed retiree Notice of Election form to:
Employee Insurance Program
P. O. Box 11661
Columbia, SC 29211

Actual Date of Retirement: (Block 6) Please indicate the date you became eligible as a retiree through the South Carolina Retirement Systems.

Service Retirement: (Block 7) Retirement eligibility based solely on the years of service credited through the Retirement Systems.

Disability Retirement: (Block 8) Retirement eligibility based on qualification as a disabled retiree. Please attach a copy of your disability approval letter.

TERI: Teacher and Employee Retention Incentive Program

TERI EMPLOYER: (Block 11) Agency with whom you are employed under the TERI provision.

ORP participants need to have their Benefits Administrator verify their years of service.

(Block 13) Please list all service credited in the South Carolina Retirement Systems that you have worked with a state covered entity or local subdivision. A local subdivision is any participating entity covered by local, rather than state, jurisdiction. Please specify employer.

(Block 14) Please list all service established with the South Carolina Retirement Systems. The types of service that can be established with the South Carolina Retirement Systems are described below.

Public Service (PS)	Any period of paid public service (service as an employee of the government of the United States, a state, or a political subdivision of the United States). You may not purchase service for a period of public service for which you also may receive a retirement benefit from another retirement plan. Student employment (other than bus driver) is not eligible for purchase.
Educational Service (ES)	Any period of paid classroom teaching consisting of grades kindergarten through 12 in a public, private or sectarian school. You may not purchase service for a period of educational service for which you also may receive a retirement benefit from another retirement plan.
Military Service (MS)	Any period of military service up to six (6) years, including the National Guard and Select Reserves. Discharge from service must be under conditions other than dishonorable.
Leave of Absence (LA)	Any period of employer approved leave up to a maximum of two (2) years per leave of absence. The leave of absence must be with an employer participating in the South Carolina Retirement Systems.
Previously Withdrawn (PWS)	Any period of service previously withdrawn. The reestablished service must be earned service to qualify toward the required five (5) year minimum for retirement benefit eligibility.
Non Qualified Service (NQ)	Any period of service up to a maximum of five (5) years. If you have 5 years of earned service, you are eligible to purchase non-qualified service.
Special Monthly Contributor (SMC)	An option available to SCRS members with at least twenty-five (25) years of service credit through which the member may elect to receive up to three (3) additional years of service credit by paying the employee and employer contributions based on the salary level in effect during those years. Contributions under this program begin at the time of termination from covered employment.

